File with: lows Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup> Ste. 1A Des Molnes, lows 50319 Fax: 515-281-4073



5159644278

IA ETHICS AND CAMPAIGH DISCLOSURE BD

Des Molnes, Jown 50319 Fax; 515-281-4073		is, see back of form SUMMARY PAGE 2	007 OCT 29	PM 3: 14
COMMITTEE NAME (Must b	e same as on Statement of Orga	nizetion)		
Melch		uncil	FORM DR-2	DISCLOSURE
IMPORTANT: Indicate by # type	of committee you are reporting for: Standing for Retention Candidate (2	State PAC (3 State Party	(Rev. 07/2	
(4) County Central Committee (	5 )County Candidate(6 )City Candid	iste (7)School Board or Other Political	For Office	Use Only
11 ) Local Ballot Issue	TYPAC (S ICITY PAC (10 JSCHOOLE	pard or Other Political Subdivision PAC	<b>,</b> , , , , , , , , , , , , , , , , , ,	
CANDIDATE COMMITTEES	ONLY:		1 1	. AM 77
Candidate Name	Welch	Political Party (if applicable)	1 1	1
Gary L.	WELLI		1 1	
Office Sought	ecil	District (if Senate or House)	/Waited	
Late reports are subject to possible to po	Welch	Suant to lowa Code sections 688.32A(  964-7432  TELEPHONE		, the candidate, for a
AM FILING A NO	jember 1.200	7 REPORT FOR (1) ELECTION /	(2)NON-ELECTI	ON YEAR.
	eport date)	Indicate by #	$\overline{Z}$	
CHECK IF AMENDMENT I	O REPORT DATED		ocal Committees,	enter Date of Election
_				
☐ Check if this is final (termin (You must continue)	ation) report and attach Notice on the reports until a DR-3 is filed.	f Dissolution Form DR-3.	County & Local Con which Election is he	
STATEN	IENT OF CASH ON HAND			
committee This am	ning of the reporting period. (To ount MUST be the same as the o period or must be zero if this is fil	tal of all funds held by the pash on hand at the end st report filed.)	.,\$	-0-
	Y TAKEN IN THIS PERIOD	<del></del>		
Schedule A: Cash (	Contributions total (Attach Schedi	ule A) (*also see in-kind below)		3440.00
Schedule F: Loans	Received total (Attach Schedule	F)	·······	<u>-0 -</u>
Schedule H: Total S	Sales of Campaign Property (Atta	ch Schedule H)		-0-
(Schedule	H applies to Candidates' Comm	<u>nittses Onivi</u> SUB-TOTAL	S	3490.00
SURTRACT TOTAL	MONEY SPENT THIS PERIOD			
		(**also see debts and loans below)		3121.47
**		le F}		-0-
	· ·	ort balance must be zero)		368.53
				-0 -
•	•	dule E)		-0 -
		ie F)		-0-
CONSULTANT BREAKDOW		1 January 1999 1997 1997 1997 1997 1997 1997 199	YES	
CANDIDATE COMMITTEES				
	PERTY (From Schedule H - Atte	(ch Schedule H)	\$	-0-
	•	nt bank statement in January of each	 1 Vėst.	

For instructions, See Back of Form

#### CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

5159644278

COMMITTEE NAME (Must be sai	ne as on Stat	ement of Organization)	
Welch	For	Council	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN, A LIST OF ID NUMBERS IS AVAILABLE FROM THE HOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND RAISER INCOME
8/13	CK# 2232	Gany Welch 3002 N.E. Brian wool Pr. Ankeny, Jowa	Self	\$ 100	
1/20	CK# 3746	Kevin KoesTer 3514 S.W. Edgewood Pr Ankeny Lowa		100	
7/31	ID# CK# <i>9332</i>	Pat Cahill 977 S.E. H. A. AMKENY Lowa	_	25	
1/20	CK# 1077	Dolores V. Leim 1201 S.E. Mill pond CT UNITA ARKERY, Iowa	4301	200	
1/21	CK# 4393	Roger Spaker 9855 N.E. Fright Drive Ankeny Fowa		100	
7/24	1D# CK# <b>72</b> 35 <b>3</b>	Kimberly Development P.O. Box 369 ANKENY, Iowa		250	
27	CK#62/1	QNMETTE Shaw 9198 N.W. POIKETY Pr. POIK CITY, Jowa		25	
/28	CK#/0924	10 HOSS 710 N.E. Trilein Dr GAKENY Jowa		25	
1/27	CK# 9108	Michele Steaman 1221 N.W. 3 5 ST. Ankeny Iowa		25	
127	CK# 6390	504 G.W. Gouthlawn Dr. ankeny towa		35	
		7,	SUB-TOTAL	s 885	

TOTAL (if last page of this schedule)

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For instructions, See Back of Form

#### CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

5159644278

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
9/27	CK# 1513	Susan Nelson 3318 S.W. Edgewood LN ANKENY, IDWA		300	
9/27	10# CK# 2.499	2506 N.W. 4 D 2506 N.W. 4 D anteny, Tana		250	
9/27	CK# 2016	717. YMA BATTLAS 705 S.E. Eastlawn Pr ANKENY , INNA		5	
10/5	CK# 7/34	Dear Godwin 1002 N.E. 23 LCT ONKONY, Iowa		100	
10/5	CK# 6369	Richard + KATTAYN Sibbel 1401 N.W. Campus Or ankeny, Iowa		50	
10/5	CK#   002	Jason Volmer 3024 Sw. Bulter nut br ankeny . Iowa		25	
1%	CK# 1096	Gene Fargon 1113 5.E. Contina Ir ANKENY, Jewa		25	
1/5	CK# 1205	SUSAN JOHNSON 218 S.W. LOGAN ankeny, Lowa		100	
10/5	CK# 1032	Molvin Weatherway 7006 N.F. Briar wood Dr ankeny Town		50	
195	ID# CK# 4/3	Jeffery Domman 2105 N.F. Garland CT. ONKREY Town		20	
			SUB-TOTAL	\$645	

TOTAL (If last page of this schedule)

(for Schedule A)

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For Instructions, See Back of Form

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#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must b	e same as o	on Statement of Organization)	
Welch	For	Course	

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/5	ID# CK# 465	Jeffery Lamberti 1611 N.W. 17 Ib ankeny, Towa		100	
10/5	ID# CK# 7878	Mary Johnson 909 S.E. Wehlamar Dr Galleny Jewa		25	
10/	CK# 2396	Donald Zuck 7418 N. E. Briarwood Dr ankeny Jowa		50	
10/5	ck# 4/36	Carol Koefen 421 N.E. 15 ST. Qukeny tema		25	
195	CK# 4476	Pamela Buby 1113 H. W. Greenwood ST ankony, Lowa		25	
19/5	CK# 23220	P.O. BOT 187 ankeny, Lowa		300	
19/5	CK# 8191	Denni's albaugh 1525 N.E. 76 = 57. ONKENY TOWN		500	
199	CK# 2042	Zane Smith 1200 S. 60 \$ ST. West Des Maines To		100	
10/	CK# 349 1	Gory + Wanda Shaw 502 N.W. School St. Aukowa Iowa 50023		25	
1/4	ID# CK# \$385	Larry NIKL 413 S.E. Sharan Dr. ANKENY JOUR 50021		10	
			SUB-TOTAL	\$/160	

TOTAL (if last page of this schedule)

Page 3 of 5 (for Schedule A)

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For Instructions, See Back of Form

## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF 1D NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/ODYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/9	ID# CK# 1039	Paul Greene 327 N.W. Water Crest Dr		\$ 25	
10/	1D#	Janet Free! 121 S.W. Meadowlork CT	· •	<i></i>	
19	CK# 3792	ANKENY TOWN 50023 Sue Hopkins		50	
10/9	ck#/224	7995 N. E. 29 = 51 ANKONY TEND 50021		100	
10/12	ID# CK# 5 9 3 9	Rose Vance 406 S.E. Delaware \$202 Ankery Town 50021		50	
19/12	ID# CK# 1692	Hung LI Ban H 2305 N.W. Pork Meadows M Ankeny, Inwa 50023	1	100	
19/12	CK# 1394	thomas Carpenter 3718 5.W. Gourt ave Ankeny to 50023		100	
10/16	CK# 9254	Eugene Gamuelson 9679 N.E. 23 CT ankeny . Iowa 50021	- 4	100	
10/14	CK#7592	Carol Beth Jeske 822 S.E. Bel Aire Ad GMKeny Town 50021	·	100	
10/	CK# 82-48	2106 N.W. Logar			
19/16	ID# Ck# 7255	Uncha Destigter 3209 N.E. Frileix Or		50 50	
		ankray, Town 50021	SUB-TOTAL	s 725	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page (for Schedule A)

For instructions, See Back of Form

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#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Mu	st be same as o	on Statement of Organization)	
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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
CHECK THIS BOX IF AMENDING FORM	

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBIER (If applicable) AND PAC CHECK NUMBIER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/16	ID# CK# 4778	John Lundstrom 3708 S.W. Goodwin ST ANKENY, Fowa 50023 Jane Warren	<b>-</b>	50	
10/	CK# 4778 ID# CK# 3592	Jane Warren 401 N.W. Greenwood ankeny Jowa		25	
	ID#				
	ID# CK#				
	ID#				
	ID# CK#				
	ID#				
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	ID# CK#			·	
I			SUB-TOTAL		

TOTAL (If last page of this schedule

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page: 5 of 5

FOR INSTRUCTIONS, SEE BACK OF FORM

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## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

_	ENAME (Must be	Same as on Statement of Organization)  For Coumcil		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/27	CK#   00	Wal green 901 N. ankeny Alvd. ankeny, Iowa	Photos for Campaign	\$ 13.77
8/30	ID# CK# 1002	POIK Co élection office. Des Moines, I au a	voter Reg	10.00
V20	ID# CK# 100 3	U-S. Postal Service ankeny, Iowa	stams	82.00
9/23	CK# <i>  001</i>	Staples office 906 E. 1= 9T. ankeny, Towa	envelops	28.79
9/27	ID# CK# <i>  00 5</i>	777 CN ands 2505 S.E. Dolawani ank cny, Iowa	cable Tres	8.40
9/27	ID# CK# (00 C	Copy Strop 225 S.F. Oralahon ankeny, Jawa	print material	130.68
9/27	ID# CK# 100 <sup>-7</sup>	ankeny Handware 700 N. ankeny Blud ankeny, Jowa	reinforced straping Tape	3.49
10/	CK# 100 8	STAPLES OFFICE 906 E. 12 ANKENY IONA	Copres	7.42
			SUB-TOTAL TOTAL (if last page of this schedule)	\$ 284.55 \$

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A.402(3)(i).)

Page

(for Schedule B)

## FOR INSTRUCTIONS, SEE BACK OF PORM

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# EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE, A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHEC AME	CK THIS BOX IF INDING FORM

COMMITTE	E NAME (Must be	same as on Statement of Organization)		
	elch	For Council		
DATE EXPENDED (MIM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/17	CK# 1009	U.S. Postal Service ankeny, Jowa	STamps	\$ 123.00
19/18	CK# (010	Walgreens ankeny, towa	victory party	4.20
19	CK# 1011	1060 1 5T CANCENY TOWN	n News paper ad	680.0
122	CK# 10/2	GTaples Office  906 E. 1  ANKENY , INDA  Mac Donold Letter Ser	"Thank you" notes	10.59
1/22	CK# (013	Mac Donald Letter Sen 1632 Office Street Des Meines Jone	brochure print + Mail	2019.13
	ID# CK#			
į	ID# CK#			
	ID# CK#			
	<del></del>		SUB-TOTAL	\$187/9

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advenising, fund-raising, politing, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on bohalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A.402(3)(1).)

Page \_\_\_\_\_ of \_\_\_ 2\_\_\_

TOTAL (If last page of this schedule)